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BASICS

Summary of the BASICS/Haiti Program and Recommendations for Future Action in Child Survival

*BASICS is an USAID-funded project administered by
the Partnership for Child Health Care, Inc.*

**Academy for Educational Development
John Snow, Inc.
Management Sciences for Health**



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**Summary of the BASICS/Haiti Program
and Recommendations for
Future Action in Child Survival**

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ACRONYMS

AOPS	Association des Oeuvres Privées de Santé
ARI	Acute Respiratory Infections
CDD	Control of Diarrheal Diseases
CHW	Community Health Worker
EMMUS	Enquête sur la Mortalité, la Morbidité, et l'Utilisation des Services
EPI	Expanded Program on Immunization
JHU	Johns Hopkins University
IEC	Information, Education, and Communication
IMCI	Integrated Management of Childhood Illness
IHE	Institut Haïtien de l'Enfant
INHSAC	Institut Haïtien de Santé Communautaire
IPC	Interpersonal Communication
MOH	Ministry of Health
NGO	Non-Governmental Organization
PAHO	Pan American Health Organization
PCS	Population Communication Services
PHC	Primary Health Care
PVO	Private Voluntary Organization
UCS	Unité Communale de Santé
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VACS	Voluntary Agencies for Child Survival
WHO	World Health Organization

I. INTRODUCTION

At the request of the United States Agency for International Development (USAID)/Haiti, Basic Support for Institutionalizing Child Survival (BASICS) provided technical assistance in child survival from November 1994 through December 1995, serving as a bridging mechanism between the previous John Snow, Inc. (JSI) Resources for Child Health Project (REACH) and research and training (R&T) projects which focused primarily on the Expanded Program on Immunization (EPI) and Acute Respiratory Infections (ARI), and the new bilateral project, Haiti 2004, awarded in late 1995. This technical assistance was provided through the presence of a resident team of technical experts, with input from consultants and BASICS technical and operations divisions staff.

This purpose of this document, requested by the USAID Global Health Cognizant Technical Officer (CTO) for BASICS, is to share with USAID the results of BASICS' interventions and to describe lessons learned during a relatively short period of involvement in Haiti. As 1994/95 Enquête sur la Mortalité, la Morbidité, et l'Utilisation des Services II (EMMUS-II) health indicators suggest, the situation of infant and child morbidity and mortality in Haiti remains serious. Some general recommendations for future action, which build on previous investments and address continuing needs in child survival, have thus been included in this report.

II. BACKGROUND

Initiation of BASICS activities coincided with a period of considerable reorganization of health services in Haiti following the return to power of President Aristide, and marked the first time in over three years where USAID was allowed to work directly with the Haitian government. The Aristide government had placed high priority on the provision of a minimum package of services through a decentralized health services delivery system called UCS (Unités Communales de Santé).

Efforts to define and implement the concept of UCS, as well as the package of services to be provided within this context, occurred in an early stage at the beginning of BASICS's involvement in Haiti. A series of consultative groups and technical committees had been formed to address specific medical and health activities and programmatic cross-cutting areas such as training, communications, and evaluation. These groups and committees were composed of representatives of the Ministry of Public Health and Population, non-governmental organizations (NGOs), various donors including the United Nations Children's Fund (UNICEF), Pan-American Health Organization (PAHO), World Bank, the French Cooperation, Rotary, and others, as well as other USAID-funded projects. At the time of start-up activities of BASICS in Haiti, previous vertical programs had been dissolved, leaving few central-level ministry staff to help define and implement evolving health policies or service delivery systems.

Access to modern health services in 1991 was estimated at 60 percent, with approximately half of those services provided by non-governmental sources. Those public health services which did

exist virtually ceased operating during the 1991-1994 embargo, leaving external government and NGOs working independently of the Ministry of Health (MOH) as the providers of a limited number of services. As such, the balance of representation on committees and working groups was tilted toward donors and NGOs who lacked the authority to create policy.

Little recent health data were available at the initiation of BASICS activities, yet it was widely acknowledged that economic, social, and political conditions had deteriorated in Haiti during the period of the embargo, compounding an already serious situation for the country (which traditionally has had the worst health indicators in the Western hemisphere). During the period of 1987-1994, infant mortality had been estimated from 93-104/1000, with estimates of the one-to-four mortality rate ranging from 133-180/1000. Malnutrition affected to some degree up to 40 percent of children under five. Diarrheal disease and acute respiratory infections were the principal causes of morbidity and mortality. Measles vaccination coverage in infants, based on available data, was estimated at 30 percent in 1993, with coverage of other antigens even lower.

The USAID delivery order to BASICS requested technical assistance in three child survival areas: Control of Diarrheal Diseases (CDD), ARI, EPI, as well as Information, Education, and Communication (IEC). It also called for intensive coordination and collaboration with the MOH, for the first time in three years, and with NGOs and other donors. During the early 1995 BASICS planning mission, it became clear that several institutional and service delivery issues would have to be addressed to influence positively these disease areas. These issues included:

- A lack of national norms and policies for specific disease control programs, for implementation of the UCS system, or for integrated care;
- Weak coordination among committees at the central level, and between the central and peripheral levels of the health system;
- Lack of access to health care by at least 40 percent of the population;
- Lack of staff at the operational levels of the health system;
- Inadequate capacities in public health communication;
- Absence of a functional health management and information system;
- Weak logistics systems for essential drugs.

BASICS prepared a technical assistance plan to help develop and put into operation an integrated package of child health services by assisting with the formulation of national policies and strategies designed to improve access to and quality of care. The plan was developed according to the following criteria:

- Technical soundness and importance to child survival;

- Responsiveness to existing needs and possibility for immediate application;
- Consistency with expressed priorities of the Haitian health system;
- Feasibility of completing proposed activities within the one year delivery order period;
- Potential contribution to the long-term development of child survival capabilities beyond the duration of the delivery order.

Two objectives were set, and a number of activities identified in support of these objectives (see Appendix for detailed BASICS work plan):

Objective One: To have in place national policies for the integrated delivery of child survival services and plans for implementing these policies through the public and private health system;

Objective Two: To improve the delivery of child survival services by increasing capacities in logistics management, public health communication, and the use of data for planning, monitoring, and evaluation.

III. BASICS TECHNICAL ACHIEVEMENTS

Decentralization of Health Services and Comprehensive Management of Child Health

As described earlier, the initiation of BASICS activities coincided with a renewed commitment on the part of the Haitian government to an integrated approach to primary health care. Through the decentralized UCS model, the MOH hoped to provide a minimum package of services which would result in increased access to and quality of care, with an emphasis on reaching those populations which had been previously under-served. Development of these concepts and implementation plans was in a preliminary phase when BASICS began in Haiti in late 1994.

In order to respond to the need for national policies for the integrated delivery of child survival services and plans for implementing these policies through the public and private health systems, BASICS/Haiti participated in a technical working group composed of representatives from the MOH, PAHO, the World Bank, Association des Oeuvres Privées de Santé (AOPS), and USAID. This group was responsible for advising the MOH Director General on the integration and decentralization of health services and, after several months, was formally appointed by the Minister of Health as an ad hoc committee and given an official mandate to define and develop policies and guidelines for the implementation of the UCS. A key contribution by BASICS/Haiti to this complex process was to ensure that the development of service delivery programs was not overshadowed by administrative and political concerns as to how to achieve the goal of decentralization.

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In addition to defining the concept and substance of the UCS, BASICS played an active role in introducing the concept of integrated care, utilizing and broadening the WHO Integrated Management of Childhood Illness (IMCI) model to emphasize not only the sick child, but all states of child health. IMCI, a WHO global initiative, can respond to 70 - 90 percent of all infant and child morbidity and mortality, depending upon the epidemiology of the particular country (WHO Integrated Management of the Sick Child Bulletin, volume six, number 73). According to the World Bank's World Development Report 1993, management of the sick child is the intervention likely to have the greatest impact in reducing the global burden of disease. This approach alone is calculated to be able to prevent 14 percent of that burden in low-income countries. According to the same report, management of the sick child ranks among the most cost-effective health interventions in both low-income and middle-income countries (The WHO/UNICEF Approach to Integrated Management of the Sick Child, Update February 1995).

During this process, BASICS emphasized that successful implementation of integrated health services first requires that a number of programmatic areas be addressed, such as essential primary health care (PHC) policies, support systems, drug logistics, and training strategies. As a part of this process, the MOH was introduced to Integrated Case Management: A Preparatory Guide. The comprehensive management of child health approach emphasizes both the management of sick children presenting to health facilities and the prevention of childhood diseases in the household and community. The approach elaborated with the MOH in Haiti focuses on the prevention and management of the most common causes of mortality and morbidity in children less than five: ARI, diarrhea, malaria, measles and malnutrition. Thus, BASICS/Haiti was instrumental in supporting several activities that not only built consensus for the process of implementing comprehensive management of child health, but set in motion the initial phases in its implementation.

Specific achievements included:

- Production of a document that defines the UCS conceptual framework and serves as a reference document for MOH and NGO public health professionals. This document was disseminated throughout the public health community, and was utilized during working sessions among various ministries as well as by the Prime Minister's office on decentralization. BASICS/Haiti helped introduce key elements of the document to MOH and NGO central and field staff in two departments (West and Southeast);
- Provision of ongoing guidance in the process of defining, building consensus for, and implementing the concept of comprehensive management of child health in Haiti through active participation in the central-level working group;
- Input to the definition of roles and responsibilities for different levels of health workers;
- Fielding of a two-person technical team to conduct a workshop for the development of a strategy for implementation of integrated case management, utilizing the preparatory guide;

- Development of draft norms and standards for integrated child care in close collaboration with the MOH;
- Production of a report documenting and assessing previous national CDD program efforts;
- Documentation of past experiences with NGOs in implementing ARI case management as one tool to guide the technical working group planning for integrated case management. The document offers practical advice and illustrates lessons learned in the areas of preparing for the implementation of case management, carrying out case management training, and maintaining quality case management;
- Fielding of a consultant to develop a protocol for a national health facilities survey (HFS) in collaboration with the Child Health Institute. A key step in the process of integrated care, the survey will provide information on current case management practices and on facility supports necessary for improving the quality of care such as drug supply. This information would then be used as a basis for the development of appropriate training materials. The MOH, USAID, and BASICS recognized that time and resources did not permit implementation of this important protocol as part of the delivery order. However, it was agreed that the development of the protocol was an important first step in implementing an orderly approach to the introduction of integrated child care.

Behavior Change/Interpersonal Communications (IPC) Curriculum

With the objective of improving the delivery of child survival services by increasing capacity in public health communication, BASICS collaborated with Johns Hopkins University Population Communication Services (JHU/PCS) and Institut Haïtien de Santé Communautaire (INHSAC), through the USAID-funded Happy and Health Baby Project, to develop an interpersonal communications training curriculum for community health workers (CHWs), who are known to be a key source of health information in Haitian communities. The goal of the IPC training curriculum is two-fold: to strengthen the IEC component of PVO field activities in urban and rural areas, and to strengthen the capability of CHWs to communicate appropriate messages to caretakers on actions within the household to prevent and treat childhood diseases and promote child health. An important contribution made by BASICS to this collaborative effort was to assure the technical quality of child survival messages.

Specific achievements included:

- Fielding of consultants to facilitate two workshops for IEC coordinators from voluntary agencies for child survival (VACS) and MOH facilities, for the development of a draft curriculum and priority messages for preventive and curative actions at the household and community levels, to be communicated through a radio drama, an interactive radio program, and print materials;

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- Guidance on key child survival messages to support essential preventive behaviors; this provided the basis for the development and refinement of messages for behaviors within the household;
- Help in building consensus on the content and methodologies found in the various draft curriculums and more significantly, to make the curriculum more practical and user-friendly; and
- Completion of a final draft IPC training curriculum for field testing in Haiti.

EPI

Activities in immunization were, to a large extent, dictated by both the needs of the country and the contributions and priorities of other major donors, such as PAHO, the French Cooperation, and UNICEF. One challenge was to link the intensive, but short-term efforts of the six-month measles campaign to longer-term efforts to build capacity in immunization program management. Two important activities planned by BASICS could not be carried out because they were contingent upon counterpart inputs that did not materialize. The first, training of newly-hired department-level cold chain technicians in cold chain repair and maintenance, did not occur because these technicians were not hired as scheduled. The second, updating and revising EPI norms and standards, was initiated, but could not be completed during the delivery order period because of turnover of EPI government counterparts.

Nevertheless, BASICS completed some activities in support of the objective of improving the delivery of child survival services by increasing capacity in the area of EPI logistics management.

Specific achievements included:

- Provision of technical assistance, requested by USAID/Haiti and PAHO, for the planning, implementation and supervision of the national measles immunization campaign;
- Participation in the development of MOH plans to decentralize and support vaccine delivery to the most peripheral level;
- Training of mid-level managers of the nine departments in overall program management, use of data for planning, and new injection practices, i.e., SoloShot auto-destruct syringes; and
- Training of cold chain technicians in vaccine handling, supply forecasting, stock management, and detection of breakdowns.

IV. CONCLUSION

BASICS can point to several accomplishments during its brief, one-year period of engagement in Haiti. This is noteworthy, given the fact that USAID/Haiti could only fund half of the total obligation of its delivery order to BASICS, and that frequent political shifts resulted in a lack of governmental counterparts for BASICS activities.

In sum:

- BASICS was instrumental, with its collaborators, in encouraging the formulation and recommendation of national health policies for decentralized health services and integrated care. In particular, BASICS introduced the WHO/UNICEF concept of IMCI and provided technical assistance to the first steps in this process.
- BASICS helped increase capacities to improve the delivery of child survival services by ensuring the inclusion of technically appropriate behavior change messages in community health worker communications curriculum, and by supporting a range of national-level and departmental-level logistics management strategies for immunization services.

In terms of achieving longer-term child survival goals, much remains to be done. The next section describes, within the context of the general current health situation in Haiti, some potential interventions which USAID may wish to consider.

V. CURRENT SITUATION IN CHILD SURVIVAL, RECOMMENDATIONS AND PARAMETERS FOR FUTURE ACTION IN CHILD SURVIVAL

Current health indicators for Haiti continue to reflect pressing needs in child survival. In 1992, Haiti ranked fourth among 141 countries on the International Human Suffering Index (Population Crisis Committee), which measures indicators such as life expectancy, population growth, daily caloric intake, clean drinking water, infant immunization, secondary school enrollment, per capita GNP, inflation rate, political freedom, and civil rights.

Current standard indicators of child health in Haiti consistently are the worst in the Western Hemisphere, with an infant mortality rate of 74/1000, a child mortality rate (ages 1-5) of 61/1000, and an under-five mortality rate of 131/1000 (EMMUS-II, 1994/95). The same survey cites the leading causes of death in children aged 1-59 months as diarrhea (37 percent), undernutrition (32 percent), and ARI (25 percent). In terms of morbidity, nutrition is the major problem with about 50 percent of preschool children undernourished. Children experience an average of seven episodes of diarrhea each year, an illness which is exacerbated by a high incidence of malnutrition, very low rates (3 percent) of exclusive breast-feeding during the first four months of life, and poor water and sanitation conditions.

Immunization rates remain low, with only approximately 30 percent of children aged 12-23 months fully immunized, and one-fifth of this age group never having received a single immunization. As evidenced by the 1992-1994 measles outbreak and subsequent measles vaccination campaign, measles is still a major problem, since levels of immunization dropped due to the low rate of functioning of the health system in recent years. NGOs, many supported by USAID and other donors, continue to be key providers of care as public health services, in a constant state of reorganization, remain unable to meet the demand for services.

Despite these indicators, and given conditions in the country over the last several years, there has been a decrease in the reported under-five mortality rate during the last 15 years from 176/1000 to 131/1000 (EMMUS-II, 1994/95). During this period, the child mortality rate (ages 1-5) remained constant (63-61), while the reported infant mortality rate decreased from 120/1000 live births to 74/1000 live births (EMMUS-II, 1994/95). Therefore, the bulk of the reported decrease in the under-five mortality rate is explained by the decrease in infant mortality. These data suggest that more children are surviving the first year of life, but the under-five rate remains elevated.

It is vital that effective and immediate interventions which target service delivery and community involvement as well as policy and institutional considerations continue to be carried out. Because of its previous investments in child survival through projects such as BASICS, REACH, and others, the USAID Mission, through Haiti 2004, is well-positioned to undertake additional activities needed to reduce infant and child morbidity and mortality.

Certain recommendations for future child survival actions are described below. The interventions proposed elaborate upon recommendations made briefly in the conclusion of the 1994/95 EMMUS II report (pp. 217-219). **However, updated information on certain issues would be needed to frame a full range of specific recommended actions.** For each area of proposed activity, the following questions must be kept in mind: 1) What are the long-term goals in the technical area? 2) What are the immediate next steps? and 3) What conditions should exist in order to invest in a particular effort?

1. Facility and service-based approaches to improving child health

1.1 Integrated management of childhood illness (IMCI)

In the long term, it is hoped that a reduction in infant and childhood mortality and morbidity will be achieved by effectively managing sick children when they come to health facilities. The WHO global approach for integrated management of childhood illness (IMCI) focuses on the most important causes of infant and child mortality and morbidity (ARI, diarrhea, malaria, measles and malnutrition), and emphasizes the systematic assessment, classification and treatment of each child with an emphasis on counseling the mother appropriately and following-up each child as required. As a part of this approach, feeding practices are evaluated and mothers are counseled on how to improve feeding behaviors. This approach emphasizes the importance of breastfeeding and immunization programs, both key preventive interventions. In order to

successfully implement a comprehensive management approach at the health facility level, a number of programmatic elements will need to be put in place, including essential PHC policies, drug and other logistics systems, a functional and motivated health staff, a system of regular supervision, and appropriately adapted training materials. A close collaboration will be required between the MOH, NGOs, other governmental organizations, and key donors active in this area, such as PAHO.

In the intermediate term, indicated actions for advancing the concept of IMCI include:

- Baseline data collection from health facilities to plan and develop a training strategy and training materials; as mentioned earlier, a protocol for this has already been developed and adapted for Haiti;
- Further development of essential PHC policies;
- An assessment of the essential drug logistics system and development of strategies for strengthening this system;
- A review of supervisory systems and the development of strategies for strengthening these systems;
- Implementation planning with the MOH and NGO groups in order to select pilot areas and develop strategies for using NGO resources effectively; and
- Assistance with the adaptation of IMCI training materials to the Haitian context.

1.2 Immunization

The long-term goal for any immunization program is to develop an effective, sustainable program that provides safe, effective, and timely services to every woman and child so as to prevent target diseases. In the immediate term, further attention will be needed to strengthen both cold chain/ logistics management and overall program management. During the past several years, BASICS, JSI R&T, and REACH worked with PAHO and UNICEF to improve the cold chain and logistics system. During the 1994-1995 nationwide measles campaign, special attention was given to the further development of long-term strategies for improving cold chain and logistics management. The plans made during the campaign, and the ideas that they represent, will need to be modified accordingly as the UCS concept evolves and begins to be implemented. This may require training of new cold-chain technicians at the commune level plus the organization of supervision for them, in line with supporting the decentralized health structure.

There are two recognized needs which should be revisited for their current relevance:

- Updating and dissemination of EPI norms and standards that are based on job descriptions;
- Development of managerially and technically-sound approaches to increase immunization coverage, especially so as to reduce the burden of measles on the child population.

1.3 Nutrition

In the long term, it is hoped that the prevalence of all categories of malnutrition and micronutrient deficiencies among children less than five will be reduced by improving feeding practices in the home, as described below. In the more immediate term, and as one facility-based component of activities to promote nutrition, nutrition programs can be strengthened by contributing to the development of the IMCI approach and by ensuring that nutrition behaviors are targeted by community-based health education programs. Specific possible actions include:

- Development of the nutritional components of IMCI, including conducting basic research required to develop the feeding counseling module; and
- Reviewing available information on feeding practices in order to develop health education messages; conducting further research, if required.

2. Household and community-based approaches to improving child health

In the long term, it is hoped that some reduction in infant and childhood mortality and morbidity will be achieved by effectively preventing diseases and promoting healthful practices in the household and community. The prevention of infant and childhood illness in the home and community will need to focus on the most important causes of mortality and morbidity and emphasize the teaching of key preventive behaviors (which are well-defined and realistic with regard to local resources). Examples include: feeding practices, care-seeking behaviors, hand washing, and latrine use. In order to implement household and community-level activities, a functional community outreach system will need to be further developed, as will mechanisms for educating communities using community groups and NGOs. Close collaboration will be required among the MOH, NGOs, and community groups so as to ensure that the messages disseminated in the community correspond to the services offered by the health system.

In the intermediate term, suggested activities include:

- Further development of a national behavior change program for child survival with the MOH and other organizations;

- Field-testing the IPC training curriculum developed with BASICS and PCS, followed by modifications, as required; developing a training and supervision strategy with governmental and nongovernmental organizations (as part of the UCS strategy) to implement the use of this curriculum;
- Development of complementary community-based health education strategies and materials which emphasize integrated child health messages; and
- Assistance with the development of mass-media health education strategies and materials which emphasize integrated child health messages.

With regard to nutrition, as indicated in section 1.3, in the long term, it is hoped that the prevalence of all categories of malnutrition and micronutrient deficiencies amongst children less than five will be reduced by improving feeding practices in the home. Improved feeding practices which will be emphasized may include: exclusive breastfeeding for infants 4-6 months of age; appropriate complimentary feeding of all other children; the selection and use of appropriate foods; and the use of appropriate feeding strategies. Key strategies may involve nutritional counseling of mothers when they come to health facilities, and improved nutritional education in households and communities using community health workers, community groups and organizations. Close collaboration will be required between the MOH, NGOs and governmental organizations. Some of the existing strategies and programs developed by NGOs to improve nutritional status should be examined with regard to lessons learned and their replicability on a larger scale.

Under what minimum conditions could these activities be carried out?

The following conditions would need to be met for technical assistance to be of substantive and lasting value:

- A relatively stable MOH structure at all levels and strong commitment to the development and implementation of integrated approaches to the management of child health. A functional health sector coordinating committee would need to be in place. Program managers for each of the key programmatic areas would need to be present;
- Strong commitment from donor organizations and NGOs to the development and implementation of IMCI and integrated health education strategies in collaboration with the MOH and participation in all working groups. Also needed would be agreement by the MOH and key donors as to the roles and activities proposed in this document, with regard to the areas of IMCI, immunization, and nutrition;
- Strong commitment from USAID to support the initiative in the long term;
- Political stability in Haiti

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APPENDIX
WORK PLAN

COUNTRY: HAITI

ACTIVITY TIMELINE: PROJECT YEAR 2

File Name: i:\project\py2\timeline\ha3time.wk4

PROGRAM: SUPPORT TO CHILD SURVIVAL ACTIVITIES

27-Feb-95

COUNTRY/PROGRAM CODE 000 HA 01/009 HA 01

BEGIN/END DATES: NOVEMBER 1, 1994 - OCTOBER 30, 1995

ACT #	ACTIVITIES	END DATE	KEY PERSONS	O	N	D	J	F	M	A	M	J	J	A	S	O	EXPECTED OUTPUTS	STATUS AS OF 3/31/95	
1	RESIDENT ADVISOR		Spinelli				X	X	X	X	X	X	X	X	X	X	Monthly letters summarizing activities undertaken, results, and issues. Meetings attended for policy development. TA provided. Participation in EPI logistics training in 6 depts. Participation in training of cold chain technicians. Paper produced. Report on investigation, IPC training curric. developed, document on policies/strategies produced. TA provided to design and pre-test sick child training materials. DD strategies paper disseminated to tech groups and MSPP.		
	* Direct all BASICS/Haiti activities. Supervise and administer project staff, recruit and oversee day-to-day management. Prepare/submit reports	Oct 95						X	X	X	X	X	X	X	X	X			X
	* Participate in technical working groups with other donors, NGOs, and the MSPP for policy norms development for integration and UCS	Oct 95						X	X	X	X	X	X	X	X	X			X
	* Provide technical assistance to EPI norms/standards, management, and logistics, and EPI logistics training and training of cold chain technicians	Oct 95									X	X	X	X	X	X			X
	* Assist in the development and implementation of a measles strategy	Oct 95									X	X	X	X	X	X			X
	* Assist in development of strategy to reduce missed opportunities for vaccination	Oct 95								X	X	X	X	X	X	X			X
	* Participate in the design/pre-testing and field test of WHO sick child training materials with PAHO	Oct 95								X	X	X	X	X	X	X			X
	* Help disseminate results of DD strategies evaluation to technical working groups and MSPP	July 95											X	X	X				
2	ARI ADVISOR		Lee A Smith				X	X	X	X	X	X	X	X	X	X	Monthly letters with Resident Advisor. Meeting attended. Oversight, TA provided. Assistance w/materials design/pre-testing provided. Participation in testing of UCS sites. TA provided to preparation of report. Findings presented to technical working group. Contribute to report on ARI indicators. Report on ARI lessons learned. W/PCS, summary report of curriculum workshop, finalized training curricula. Results disseminated to tech groups and MSPP. Trip Report. Reports on progress.		
	* Participate in technical working group on the comprehensive management of the child health	Oct 95						X	X	X	X	X	X	X	X	X			
	* Provide oversight and technical support for all ARI activities	Oct 95						X	X	X	X	X	X	X	X	X			
	* Participate in the design/pre-testing and field test of WHO sick child training materials w/PAHO	Oct 95							X	X	X	X	X	X	X	X			
	* Develop plan with HHF to prioritize key ARI indicators and for their use/application, and present findings to technical working group for comprehensive mgt of child health	April 95							X	X									
	* Summarize ARI lessons learned at HHF and CBP	April 95							X	X	X								
	* Develop IPC training curricula for community health workers w/PCS and INHSAC	Aug 95							X	X	X	X	X	X					
	* Help disseminate results of DD strategies evaluation to technical working groups and MSPP.	July 95									X	X	X						
3	LOCAL CHILD SURVIVAL ADVISOR, SHORT TERM TA IN CDD AND ARI, STAFF SUPPORT		E Philippe TBN														Monthly reports w/Resident Advisor. Report on history/status of CDD efforts/program in Haiti. Monthly reports w/Resident Advisor. Participate in training in 6 depts. Report on investigation, and contributions to IPC curric. development.		
	Short-term TA in CDD:	Jan 95					X												
	* Collect and analyze data on CDD program history and status	Jan 95					X												
	Child Survival Advisor (beg Feb 95):	Oct 95					X	X	X	X	X	X	X	X	X	X			
	* Participate in the design/pre-testing and field test of WHO sick child training materials w/PAHO	Oct 95					X	X	X	X	X	X	X	X	X	X			
* Conduct EPI logistics training w/Res Advisor	Oct 95						X	X	X	X	X	X	X	X					
* Work w/Res. Advisor on activity to reduce missed opportunities for vaccination	Oct 95																		

COUNTRY: HAITI
 PROGRAM: SUPPORT TO CHILD SURVIVAL ACTIVITIES
 COUNTRY/PROGRAM CODE 000 HA 01/009 HA 01
 BEGIN/END DATES NOVEMBER 1, 1994 - OCTOBER 30, 1995

ACTIVITY TIMELINE: PROJECT YEAR 2

File Name: i:\project\py2\timeline\ha3time.wk4
 27-Feb-95

ACT #	ACTIVITIES	END DATE	KEY PERSONS	O	N	D	J	F	M	A	M	J	J	A	S	O	EXPECTED OUTPUTS	STATUS AS OF 3/31/95
4	<ul style="list-style-type: none"> Review local strategies for improving DD case mgt in community and disseminate results Short-term TA In ARI: Participate in IPC training curricula, summarizing lessons learned, using ARI data for decision-making activities Administrator and Part-time receptionist/asst.: Maintain financial records for project, coordinate logistics for TDYs and for other project activities with BASICS/W and local counterparts/partners Driver and Office Clerk 	July 95	Joachim							X	X	X	X				Help produce report on DD prev./mgt. strategies.	
		Oct 95	Gelin TBN			X	X	X	X	X	X	X	X	X	X	X	Financial records maintained and submitted to BASICS/W. Logistics arranged.	
	PORT-AU-PRINCE OFFICE	Oct 95	Pierre, Nane			X	X	X	X	X	X	X	X	X	X	X		
	<ul style="list-style-type: none"> Provide facilities and equipment to support staff work 	Oct 95	Spinelli			X	X	X	X	X	X	X	X	X	X	X		
OBJECTIVE ONE																		
To have in place national policies for the integrated delivery of child survival services, and plans for implementing these policies through the public and private health systems.																		
OBJECTIVE ONE, STRATEGY ONE																		
Develop policies, strategies, and guidelines for integrated health services delivery .																		
INTEGRATION POLICIES AND GUIDELINES RETREAT																		
5	<ul style="list-style-type: none"> Work with the technical committee for Comprehensive Management of Child Health to define integration and develop policies and guidelines for integrating child health services delivery. 1.1 Participate in three day retreat (Feb 95) and begin process of developing national policies and guidelines w/committee for Comprehensive Mgt. of Child Health 1.2 Collaborate with the committee for Comprehensive Management of Child Health for further development of national policies and guidelines and achieve consensus between working groups, MSPP and NGOs. ACTIVITY BUDGETED UNDER NO. 1, SPINELLI TIME ONLY 	Oct 95	Spinelli Smith					X	X	X	X	X	X	X	X	X	Document summarizing definition of integration, proposed national policies, and guidelines. Monthly activity reports.	
		April 95						X	X	X								
		Oct 95									X	X	X	X	X	X		
5	UCS DEFINITION AND GUIDELINE DEVELOPMENT	Oct 95	Spinelli					X	X	X	X	X	X	X	X	Summary report of first UCS workshop. Monthly activity reports.		
	<ul style="list-style-type: none"> Work with the office of the Dir. General of the MSPP to define UCS areas and assist in the development of national guidelines for developing these areas. 1 Write report on first UCS workshop in Jan. 95. 2. Participate in regular monthly dept. mtgs on UCS w/national technical committee and MSPP. 	Feb 95	Spinelli					X										
		Oct 95	Spinelli					X	X	X	X	X	X	X	X	X		

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COUNTRY: HAITI
 PROGRAM: SUPPORT TO CHILD SURVIVAL ACTIVITIES
 COUNTRY/PROGRAM CODE 000 HA 01/009 HA 01
 BEGIN/END DATES: NOVEMBER 1, 1994 - OCTOBER 30, 1995

ACTIVITY TIMELINE: PROJECT YEAR 2

File Name: i:\project\py2\timeline\ha3time.wk4
 27-Feb-95

ACT #	ACTIVITIES	END DATE	KEY PERSONS	O	N	D	J	F	M	A	M	J	J	A	S	O	EXPECTED OUTPUTS	STATUS AS OF 3/31/95
6	DEVELOP STRATEGY TO IMPLEMENT AN INTEGRATED APPROACH TO HEALTH SERVICES DELIVERY AND FIELD TEST • Participate in the development of a strategy for implementing an integrated approach to health services delivery and field-testing this approach at UCS sites 1. Work with the technical committee for the Compreh Mgt of Child Health to develop protocol for field testing an integrated approach to health service delivery 2. Modify and pre-test ICM training mats in collaboration with PAHO and technical comm for Comp Mgt of Child Health and produce final version for use in field test 3. Participate in field test of integrated health services delivery with focus on training of health workers at test sites. One 2 wk TDY (August) 4. Plan implementation of integrated health services delivery in one UCS, using lessons learned from previous task. One 4 wk TDY for tasks 1,2, and 4 (April/May)	Oct 95						X	X	X	X	X	X	X	X	X	Protocol for implementing integrated health services. Document with strategies, protocol and timeline for implementing integrated health services delivery. Trip Reports.	
		May 95	Spinelli CS Advisor Ext TA TBD					X	X	X	X							
		May 95	Spinelli CS Advisor					X	X	X	X							
		Aug 95	Spinelli Smith Ext TA TBD								X	X	X	X				
		Oct 95	Spinelli Smith CS Advisor											X	X	X		
		May 95	Ext TA TBD						X	X								
OBJECTIVE ONE, STRATEGY TWO																		
To improve the control of measles using a combination of short-term and longer-term approaches																		
PAIGN																		
	• Continue to assist with planning and mgt of the nat'l measles campaign in collaboration with other partners (MSPP, Ministry of Education, PAHO, UNICEF, French cooperation, Rotary, other NGOS) 1. Continue to assist with planning, execution and supervision of campaign activities in 5 departments. Assist with refresher training of frontline health workers for measles campaign. ACTIVITY BUDGETED UNDER NO. 1, SPINELLI TIME ONLY	June 95	Spinelli					X	X	X	X	X					Participation in refresher training. Summary report to accompany monthly report.	
		June 95	Spinelli					X	X	X	X	X						
7	MEASLES STRATEGY PAPER • Produce measles strategy paper which outlines an approach for the mgt. of measles in the longer term in cooperation with MSPP, technical groups on immunization, Comprehensive Mgt. of Child Health, and UCS 1. Prepare draft strategy paper. 2. Work with appropriate technical working groups to tailor measles control actions to the Haitian context. 3. Contingent on approval of the strategy, encourage its adoption by public and private health providers; support implementation of the strategy both centrally and during field visits.	Oct 95	Spinelli w/BASICSW				X	X	X	X	X	X	X	X	X	X	Measles strategy paper prepared & submitted to tech. groups and MSPP	
		April 95	Spinelli						X									
		July 95	Spinelli							X	X	X						
		Oct 95	Spinelli										X	X	X			
OBJECTIVE TWO																		
To improve the delivery of child survival services by increasing capacities in logistics management, public health communication, and the use of data for planning, monitoring and evaluation.																		

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ACTIVITY TIMELINE: PROJECT YEAR 2

File Name: i:\project\py2\timeline\ha3time.wk4
 27-Feb-95

ACT #	ACTIVITIES	END DATE	KEY PERSONS	O	N	D	J	F	M	A	M	J	J	A	S	O	EXPECTED OUTPUTS	STATUS AS OF 3/31/95	
OBJECTIVE TWO, STRATEGY ONE																			
Work to improve management, maintenance, and use of immunization resources and commodities																			
8	TRAIN COLD CHAIN/LOGISTICS TECHNICIANS																		
	* Train cold chain/logistics technicians, in collaboration with MSPP, PAHO, UNICEF, and local depots, to encourage decentralization of cold chain management and planning activities	June 95	Spinelli									X					Assistance w/training of 9 cold chain technicians.		
	1. Plan and conduct a 2 wk training for cold chain logistics technicians from each of the 9 depts	June 95	Spinelli Ext TA TBD									X					Summary report of training activity. System proposed for supervision of cold chain technicians.		
	2. Develop supervision plan for cold-chain logistic technicians at the departmental level (See 11 1 TDY)	June 95	Spinelli Ext TA TBD									X							
	Includes one 4 wk TDY for tasks 1 and 2 (June)	June 95										X							
	EPI LOGISTICS TRAINING																		
	* Participate in EPI logistics training at 6 departments with local collaborators	Oct 95	Spinelli CS Advisor											X	X	X	Participation in EPI logistics training. Summary report of training activity to be appended to monthly report.		
	1. Plan training schedule and activities	Aug 95												X					
	2. Conduct training at the departmental level	Oct 95												X	X	X			
	ACTIVITY BUDGETED UNDER NO. 1 & 3, SPINELLI CS ADVISOR TIME ONLY													X	X	X			
9	REDUCE MISSED OPPORTUNITIES FOR VACCINATION																		
	* Reduce missed opportunities to vaccinate children at all health facilities in collaboration with technical groups for vaccinations and for Comprehensive Management of Child Health and PCS.	Oct 95	Spinelli						X	X	X	X	X	X	X	X	Report summarizing results of qualitative study. Input to IPC re: reduction of MOI. Document summarizing approaches for reducing MOI disseminated to tech groups/MSPP.		
	1. Collect available information on missed opportunities. Conduct qualitative research to better identify strategies for changing the behavior of health workers.	April 95	Spinelli Ext TA TBD					X	X										
	2. Work with PCS to incorporate messages to reduce missed opportunities into the IPC training curriculum for community health workers	June 95	Spinelli Ext TA TBD					X	X	X	X								
	3. Work with MSPP and technical group on vaccinations to determine appropriate approaches to reduce MOI, such as policies, training materials and approaches to supervision.	Oct 95	Spinelli							X	X	X	X	X	X				
	One TDY of 2 wks. for tasks 1 and 2 (April/May)	May 95									X								

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ACTIVITY TIMELINE: PROJECT YEAR 2

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ACT #	ACTIVITIES	END DATE	KEY PERSONS	O	N	D	J	F	M	A	M	J	J	A	S	O	EXPECTED OUTPUTS	STATUS AS OF 3/31/95
	OBJECTIVE TWO, STRATEGY TWO Improve the management of child health at the household level																	
10	IPC TRAINING CURRICULUM FOR COMMUNITY HEALTH WORKERS * Participate in development of an IPC training curriculum for community health workers (Colvols), in collaboration with PCS and INHSAC 1 Participate in IEC task force meeting to review existing training curricula, and develop a draft IPC curriculum for training community health workers to better prevent and manage childhood disease, using results of focus groups conducted by PCS Jan 95 2 Participate in workshop for IEC coordinators from the VACS institutions to design and integrated IPC curriculum for community health workers 3 Work with PCS and INHSAC (under Happy Healthy Baby project) to develop IPC training curriculum, strategies and materials based on findings of workshop with an emphasis on breastfeeding, diarrheal diseases and ARI. Participate in pre-test of curricula revised during workshop and participate in design of evaluation plan for training activities. One 4 wk TDY for tasks 2 and 3 (April/May) 4 Following finalization of training curriculum, participate in workshop to produce messages for print materials and radio spots. One 3 wk TDY for task 4 (May) 5 With INHSAC, participate in two training of trainers workshops for 20 auxiliary nurses (per workshop) who will train and supervised community health workers	Aug 95 Feb 95 April 95 April 95 May 95 May 95 Aug 95	Smith Joachim Smith Joachim Ext TA TBD CS Advisor Smith Joachim Ext TA TBD Smith Joachim Ext TA TBD Smith Joachim					X	X	X	X	X	X	X			Summary report of the curriculum workshop. W/PCS input provided to training curriculum for COLVOLs, and and evaluation plan for comm. health workers. Participation in training of 40 aux. nurses with PCS. Document summarizing training of auxiliary nurses. Trip report describing BASICS contributions to message development.	
11	GUIDELINES AND STRATEGIES FOR IMPROVING COMMUNITY BASED APPROACHES TO DIARRHEA PREVENTION AND MANAGEMENT * Review local strategies to prevent and manage of diarrhea in the community and develop guidelines & strategies for improving community-based approaches 1 Review available data on diarrhea management in the community and review strategies for improving community based mgt, including use of locally available fluids, social marketing to improve access to and use of ORS and use of trained comm. health workers to educate caretkaers. Outline strategies for improving the prevention and mgt. of diarrhea in the short, medium, and long term. One TDY of 2 wks (May) 2 Disseminate the results of the assessment with recommendations for improving the prevention and management of diarrhea at the community level	July 95 May 95 May 95 July 95	Smith Joachim CS Advisor Murray Smith Spinelli Smith CS Advisor						X	X		X	X	X			Document summarizing the results of the evaluation. Clear recommendations for improving community-based approaches for the prevention and management of diarrhea.	

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ACTIVITY TIMELINE: PROJECT YEAR 2

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PROGRAM: SUPPORT TO CHILD SURVIVAL ACTIVITIES

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COUNTRY/PROGRAM CODE 000 HA 01/009 HA 01

BEGIN/END DATES NOVEMBER 1, 1994 - OCTOBER 30, 1995

ACT #	ACTIVITIES	END DATE	KEY PERSONS	O	N	D	J	F	M	A	M	J	J	A	S	O	EXPECTED OUTPUTS	STATUS AS OF 3/31/95
OBJECTIVE TWO, STRATEGY THREE																		
	Improve the use of local data for project management and policy development																	
12	USE DATA FOR ARI DECISION-MAKING 1. Collaborate with HHF to develop a strategy for monitoring ARI program activities at the community level by prioritizing key ARI indicators and developing a system for using indicator information for program mgt 2. present all findings to the MSPP, technical working groups and other partners	Mar 95 Mar 95 April 95 April 95	Smith Salgado Smith Salgado						X	X							Report of review of HHF ARI data with selection of priority indicators and a plan for using them for program management & guidelines and tools for auxiliary nurses to use for monitoring and supervising health workers.	
	One 2 wk TDY for 1 and 2 (April)									X								
13	SUMMARIZE LESSONS LEARNED FROM HHF AND CBP • Summarize lessons learned from the training activities with the HHF and CBP projects 1. Complete a review of lessons learned from REACH JSI R&T, and BASICS ARI training activities w/HHF & CBP projects, including effective & ineffective training strats and materials, commonly encountered problems and supervision strategies 2. Present a summary report to the tech group for Comprehensive Management of Child Health for use in planning integrated training activities, present findings at Feb 95 integration retreat and distribute report to the MSPP and other partners	April 95 Feb 95 April 95	Smith Joachim Smith Joachim					X	X	X							Summary report of lessons learned produced and presented to committee for Comp. Mgt. of Child Health and MSPP.	
14	BASICS HEADQUARTERS SUPPORT • Provide support for headquarters staff, field staff and consultant to carry out field activities, plan and coordinate technical strategies, review and distribute trip reports. (includes 2 two week TDYs)	Oct 95	McCarthy O'Neill Shenk cluster	X	X	X	X	X	X	X	X	X	X	X	X	X	Responses to monthly field notes, regular communication. Reports for TDYs.	
15	PLANNING ACTIVITY FOR PY2 • Develop a one year plan of action for BASICS activities in Haiti	Feb 95	O'Neill Ickx Murray Fields Smith Spinelli		X	X											Plan of Action Written.	
16	UNPROGRAMMED FUNDS	Oct 95	Cluster														Additional funds programmed in d.o.	